



Madera County Mosquito & Vector Control District

**HIRING
SOON**

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**Seasonal Mosquito
Control Operator**

JOIN OUR TEAM

40 Hours per week not to exceed 960 hours per season
Starting pay rate is \$16.50 per hour

All Interested applicants should email DMV record and
completed application to kwilber@maderamosq.com

Or bring a printout of each to: 3105 Airport Drive in the City
of Madera

Monday-Friday 7:00 AM to 3:30 PM. Call the District at
(559)662-8880 for more information



Madera County Mosquito & Vector Control District

3105 Airport Dr Madera, Ca 93637

An Equal Opportunity Employer

2015 - Employment Application

MCM&VCD has a policy of requiring a physician's exam, together with urine and blood testing of persons who are under serious consideration for employment. Persons who do not receive said physician's certification of qualification to do the type of work required by the position applied for, or whom test positive for the presence of illicit drugs in their body will not be considered further. If you are unwilling to consent to such a test or examination, it is recommended that you do not submit an application. MCM&VCD complies with the Civil Rights Act of 1964 which prohibits discrimination in employment because of race, color, sex or national origin. Qualified applicants are considered for all positions without regard to age, marital status, or presence of non-job-related medical condition or handicap. The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age respect to individuals who are at least 40 but not less than 70

1.) Position (Give the exact title of position for which you are applying)

2.) Your Last Name :	First Name:	Middle:
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3.) Your Street Address:	City:	State:	Zip:
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4.) Home Phone:	Cell Phone:
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5.) Language spoken other than English:

6.) Have you retired with Cal-Pers retirement benefits? Yes ___No___ If so what was your start date? _____

7.) Have you received Unemployment benefits? Yes No If so when did you start receiving benefits? _____

8.) Did you work for another company that has a Cal-Pers retirement Plan? Yes No
 If So, When did you start and how many hours did you work? _____

9.) Education

Did you graduate from High School? Yes No

If you did not graduate from High School, do you have a General Education Development (G.E.D.) equivalent? Yes No

College/University/Vocational	Major	Minor	Units Completed	Degree Received
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10.) Employment History

- Resumes will not be accepted in place of a completed application
- Complete all questions
- Describe different positions held with the same employer
- List you most recent experience first and attach additional sheets if necessary.
- List relevant volunteer experience

May we contact your present employer? Yes No Salary amount:\$ _____ Salary Type: Hourly Weekly Monthly Hours worked per week: _____ Employed From: Month____ Year____ Employed To: Month____ Year____ Total time Employed _____	Name and address of Present Employer
	Job Title and Description of Duties:
	Reason For Leaving:
May we contact your previous employer? Yes No Salary amount:\$ _____ Salary Type: Hourly Weekly Monthly Hours worked per week: _____ Employed From: Month____ Year____ Employed To: Month____ Year____ Total time Employed _____	Name and address of Previous Employer:
	Job Title and Description of Duties:
	Reason For Leaving:
May we contact your previous employer? Yes No Salary amount:\$ _____ Salary Type: Hourly Weekly Monthly Hours worked per week: _____ Employed From: Month____ Year____ Employed To: Month____ Year____ Total time Employed _____	Name and address of Previous Employer:
	Job Title and Description of Duties:
	Reason For Leaving:

11.) References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name:	Address:	Phone Number:	City:	State:	Zip:
1.					
2.					
3.					

12.) Personal Information

Do you have any friends or relatives working for Madera County Mosquito & Vector Control District? Yes No

If yes, state the name(s) and relationship _____

Are you at least 18 years of age? Yes No

Did you receive a copy of the Job Description for which you are applying? Yes No

Are you able to perform the essential functions of the job for which you are applying? Yes No

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Madera County Mosquito & Vector Control District? Yes No

If so, please explain _____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the District to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the District any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the District, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the district. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the District, and that no promises or representations contrary to the foregoing are binding on the District unless made in writing and signed by me and the District's designated representative.

Date: _____ Applicant's Signature: _____